

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

10577

-62-044443

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED NOV 19 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

St. Louis

Length of stay in lb

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

D.O.A. Homer G. Phillips

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY

c. CITY

OR  
TOWN

St. Louis

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

2945 Gamble St.

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Sallie

P.

Jones

## 4. DATE OF DEATH

Month

Day

Year

11

2

62

## 5. SEX

Female

## 6. COLOR OR RACE

Colored

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

12-27-88

## 9. AGE (last birthday)

73 yrs.

## IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

## 10b. KIND OF BUSINESS OR INDUSTRY

None

## 11. BIRTHPLACE (City and state or country)

Mississippi

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Robert Spann

## 13b. MOTHER'S MAIDEN NAME

Unknown

## 14. NAME OF HUSBAND OR WIFE

Deceased

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

No

## 16. SOCIAL SECURITY NO.

None

## 17. INFORMANT

Address

Sallie G. Quinn-2947 Gamble St.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Arterio Sclerotic Heart Disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Generalized Arterio Sclerosis.

## DUE TO (c)

4200

## INTERVAL BETWEEN ONSET AND DEATH

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

Death occurred at

10:00 A

to and last saw her alive on

## 22a. SIGNATURE

(Degree or title)

Helen L. Taylor, Coroner

## 22b. ADDRESS

1300 Clark Ave.

## 22c. DATE SIGNED

11-5-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

11-7-1962

## 23c. NAME OF CEMETERY OR CREMATORY

Washington Park Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis (County)

## 23e. STATE

Mo.

## 24. FUNERAL DIRECTOR

ADDRESS

Ellis Funeral Home-2820 Stoddard St.

## 25. DATE RECD. BY LOCAL REG.

NOV 5 1962

## 26. REGISTRAR'S SIGNATURE

Rear Smith, M.D.

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

9-1

VS 300

Rev. 4/59

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91

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.